

# Town of Surry, Inc.

October 29, 2010

P.O. Box 314  
31 Colonial Trail East  
Surry, Virginia 23883  
Phone/Fax 757-294-3021

**Piedmont Regional Office**

**NOV 01 2010**

**RECEIVED**

Janine Howard  
Water Permit Writer  
Department of Environmental Quality  
Piedmont Regional Office  
4949A Cox Road  
Glen Allen, VA 23060

RE: Reissuance of VPDES Permit No. 0061646  
Town of Surry Wastewater Treatment Plant

Dear Ms. Holland.

Enclosed is a revised VPDES permit application that addresses the comments in your letter to the Town of Surry dated October 14, 2010.


Please note that there are no wells, springs or other surface water bodies within ¼ mile of the property boundaries.

The Attachment A-Water Quality Criteria monitoring data is not available. Samples have been collected and the test results will be available by November 20, 2010.

EPA Form 2A, Part A.12. Fecal Coli form. This information is not available. A sample has been collected and the test results will be available by November 20, 2010. The Town is requesting a waiver on fecal coli form testing based on the fact that a chlorine residual is maintained in the WWTF effluent.

If you have any further questions concerning this permit application, please contact the Town or our consultant, Mr. Darrell C. Rickmond, P. E. @ 757-810-0203 or [drickmond@cox.net](mailto:drickmond@cox.net)

Sincerely,

  
Will M. Gwaltney, Jr., Mayor  
Town of Surry

cc: Darrell C. Rickmond, P. E.

Piedmont Regional Office  
NOV 01 2010  
**RECEIVED**

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Sussex Surry Dispatch in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Town of Surry

Owner: Will Gwaltney

Agent/Department Address: P.O. Box 314

Surry, VA 23883

Agent's Telephone No.: (757) 294-3021

Printed Name: Will Gwaltney

Authorizing Agent – Signature: Will Gwaltney

Date: 10-30-10

VPDES Permit No. VA0061646  
Facility Name – Town of Surry WWTP

**1. Entity to whom the permit is to be issued:** Town of Surry

2. Is this facility located within city or town boundaries? Yes ☒ No ☐

**3. Provide the tax map parcel number for the land where the discharge is located. 27A-1-48A**

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0.00

5. What is the design average effluent flow of this facility? 0.06 MGD

**For industrial facilities, provide the max. 30-day average production level, include units:**

**In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

**6. Nature of operations generating wastewater:**

<500 Residential, retail, office, and restaurant

75 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 150

25 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

X Permanent stream, never dry

Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent flow

Lake or pond at or below the discharge point

Other:

**9. Approval Date(s):**

**O & M Manual** Unknown

**Sludge/Solids Management Plan** Unknown

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☐

| <b>FORM</b><br><div style="font-size: 2em; font-weight: bold; margin: 0;">1</div> <b>GENERAL</b>   |    | <b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b><br><b>GENERAL INFORMATION</b><br><i>Consolidated Permits Program</i><br><i>(Read the "General Instructions" before starting.)</i>   |  | <b>I. EPA I.D. NUMBER</b><br><div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">S</div> <div style="width: 40%;">TA</div> <div style="width: 20%;">C</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">F</div> <div style="width: 40%;">D</div> <div style="width: 20%;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div style="width: 33%;">1 2</div> <div style="width: 33%;">13 14</div> <div style="width: 33%;">15</div> </div> </div>   |    |   |                           |  |   |  |     |    |               |
|--|----|---|--|--|----|---|---------------------------|--|---|--|-----|----|---------------|
| <b>LABEL ITEMS</b><br><div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">I. EPA I.D. NUMBER</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">III. FACILITY NAME</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">V. FACILITY MAILING ADDRESS</div> <div style="border: 1px solid black; padding: 2px;">VI. FACILITY LOCATION</div>  |    | <b>PLEASE PLACE LABEL IN THIS SPACE</b>   |  | <b>GENERAL INSTRUCTIONS</b><br>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. |    |   |                           |  |   |  |     |    |               |
| <b>II. POLLUTANT CHARACTERISTICS</b>   |    |   |  |  |    |   |                           |  |   |  |     |    |               |
| <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> . |    |   |  |  |    |   |                           |  |   |  |     |    |               |
| <b>SPECIFIC QUESTIONS</b>  |    | <b>Mark "X"</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">FORM ATTACHED</th> </tr> </table> |  | YES  | NO | FORM ATTACHED   | <b>SPECIFIC QUESTIONS</b> |  | <b>Mark "X"</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">YES</th> <th style="width: 33%;">NO</th> <th style="width: 33%;">FORM ATTACHED</th> </tr> </table> |  | YES | NO | FORM ATTACHED |
| YES  | NO | FORM ATTACHED   |  |  |    |   |                           |  |   |  |     |    |               |
| YES  | NO | FORM ATTACHED   |  |  |    |   |                           |  |   |  |     |    |               |
| <b>A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)</b>  |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> </div>                          |  | <b>B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)</b>   |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div> |                           |  |   |  |     |    |               |
| <b>C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)</b>   |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div>                           |  | <b>D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)</b>   |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div> |                           |  |   |  |     |    |               |
| <b>E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)</b>  |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div>                           |  | <b>F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)</b>  |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div> |                           |  |   |  |     |    |               |
| <b>G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)</b>  |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div>                           |  | <b>H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)</b>   |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div> |                           |  |   |  |     |    |               |
| <b>I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</b>  |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div>                           |  | <b>J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)</b>  |    | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"></div> <div style="text-align: center;">X</div> <div style="text-align: center;"></div> </div> |                           |  |   |  |     |    |               |

| **III. NAME OF FACILITY** | | | | | |
| |   |      |                   |  | |---|------|-------------------|--| | C | SKIP | Town of Surry STP |  | |---|------|-------------------|--| | | | | | |
| **IV. FACILITY CONTACT** | | | | | |
| **A. NAME & TITLE (last, first, & title)** | | | | **B. PHONE (area code & no.)** | |
| |   |                          | |---|--------------------------| | C | Mr. Will Gwaltney, Mayor | |---|--------------------------| | | | | |   |                | |---|----------------| | C | (757) 294-3021 | |---|----------------| | |
| **V. FACILITY MAILING ADDRESS** | | | | | |
| **A. STREET OR P.O. BOX** | | | | | |
| |   |              | |---|--------------| | C | P.O. Box 314 | |---|--------------| | | | | | |
| **B. CITY OR TOWN** | | | | | |
| |   |       |          |             |  | |---|-------|----------|-------------|--| | C | Surry | C. STATE | D. ZIP CODE |  | |   |       | VA       | 23883       |  | | | | | | |
| **VI. FACILITY LOCATION** | | | | | |
| **A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER** | | | | | |
| |   |                     | |---|---------------------| | C | 11463 Rolfe Highway | |---|---------------------| | | | | | |
| **B. COUNTY NAME** | | | | | |
| |   |              | |---|--------------| | C | Surry County | |---|--------------| | | | | | |
| **C. CITY OR TOWN** | | | | | |
| |   |       |          |             |                           | |---|-------|----------|-------------|---------------------------| | C | Surry | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known) | |   |       | VA       | 23883       |                           | | | | | | |

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

| A. FIRST |   |   |   |   |   |                            |   |   |  | B. SECOND |           |   |   |  |  |           |  |  |  |
|----------|---|---|---|---|---|----------------------------|---|---|--|-----------|-----------|---|---|--|--|-----------|--|--|--|
| C        | 7 | 4 | 9 | 5 | 2 | (specify) SEWERAGE SYSTEMS | C | 7 |  |           | (specify) | C | 7 |  |  | (specify) |  |  |  |
| C. THIRD |   |   |   |   |   |                            |   |   |  | D. FOURTH |           |   |   |  |  |           |  |  |  |
| C        | 7 |   |   |   |   | (specify)                  | C | 7 |  |           | (specify) | C | 7 |  |  | (specify) |  |  |  |

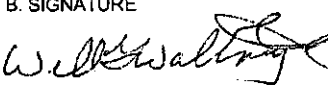
## VIII. OPERATOR INFORMATION

| A. NAME  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                  |  |  |  |  | B. Is the name listed in Item VIII-A also the owner? |  |  |   |  |             |  |  |  |  |   |  |  |  |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|------------------|--|--|--|--|--|--|--|---|--|-------------|--|--|--|--|---|--|--|--|--|
| C  | 8 | T | o | w | n | o | f | S | u | r   | r | y |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  |             |  |  |  |  |   |  |  |  |  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.) |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                  |  |  |  |  | D. PHONE (area code & no.)                           |  |  |   |  |             |  |  |  |  |   |  |  |  |  |
| F = FEDERAL<br>S = STATE<br>P = PRIVATE  |   |   |   |   |   |   |   |   |   | M = PUBLIC (other than federal or state)<br>O = OTHER (specify) |   |   |  |  |  |  |  |  |  | M (specify) Town |  |  |  |  | A (757) 294-3021                                     |  |  |   |  |             |  |  |  |  |   |  |  |  |  |
| E. STREET OR P.O. BOX  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |             |  |  |  |  |   |  |  |  |  |
| P.O. Box 314   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                  |  |  |  |  |  |  |  |   |  |             |  |  |  |  |   |  |  |  |  |
| F. CITY OR TOWN  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                  |  |  |  |  | G. STATE   |  |  |   |  | H. ZIP CODE |  |  |  |  | IX. INDIAN LAND   |  |  |  |  |
| B Surry  |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |                  |  |  |  |  | VA   |  |  |   |  | 23883       |  |  |  |  | Is the facility located on Indian lands?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |  |  |  |

| X. EXISTING ENVIRONMENTAL PERMITS        |   |   |  |  |  |   |   |   |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|---|--|--|--|---|---|---|--|--|--|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water)   |   |   |  |  |  |   |   |   |  |  |  |                           |  |  | D. PSD (Air Emissions from Proposed Sources) |  |  |  |  |  |  |  |  |  |  |
| C  | 9 | N |  |  |  | C | 9 | P |  |  |  |                           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| B. UIC (Underground Injection of Fluids) |   |   |  |  |  |   |   |   |  |  |  |                           |  |  | E. OTHER (specify)                           |  |  |  |  |  |  |  |  |  |  |
| C  | 9 | U |  |  |  | C | 9 |   |  |  |  | VA0061646 (specify) VPDES |  |  |  |  |  |  |  |  |  |  |  |  |  |
| C. RCRA (Hazardous Wastes)               |   |   |  |  |  |   |   |   |  |  |  |                           |  |  | E. OTHER (specify)                           |  |  |  |  |  |  |  |  |  |  |
| C  | 9 | R |  |  |  | C | 9 |   |  |  |  | (specify)                 |  |  |  |  |  |  |  |  |  |  |  |  |  |

| XI. MAP   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| XII. NATURE OF BUSINESS (provide a brief description)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>Treat wastewater from approximately 500 connections consisting of 75% residential connections and 25% commercial connections, including offices and restaurants. Connections are located within the limits of the Town of Surry and immediately outside of the Town boundary.</p>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| XIII. CERTIFICATION (see instructions)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| A. NAME & OFFICIAL TITLE (type or print) |  |  |  |  |  |  |  |  |  | B. SIGNATURE  |  |  |  |  |  |  |  |  |  | C. DATE SIGNED |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|----------------|--|--|--|--|
| Mr. Will Gwaltney, Mayor                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 10-30-10       |  |  |  |  |

| COMMENTS FOR OFFICIAL USE ONLY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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## FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS.**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

**A.1. Facility Information.**Facility name Town of Surry WWTPMailing Address P.O. Box 314, Surry, VA 23883Contact person Mr. Will GwaltneyTitle MayorTelephone number (757) 294-3021Facility Address 11463 Rolfe Highway, Surry, VA 23883

(not P.O. Box)

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?



owner

☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.



facility



applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).NPDES VA0061646

PSD \_\_\_\_\_

UIC \_\_\_\_\_

Other \_\_\_\_\_

RCRA \_\_\_\_\_

Other \_\_\_\_\_

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name

Population Served

Type of Collection System

Ownership

Town of Surry and< 500SeparateTown of Surryand bordering areasTotal population served < 500

## FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

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## A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

## A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.06
- mgd

|                                   | <u>Two Years Ago</u> | <u>Last Year</u> | <u>This Year</u> |
|-----------------------------------|----------------------|------------------|------------------|
| b. Annual average daily flow rate | <u>0.069</u>         | <u>0.098</u>     | <u>0.078</u> mgd |
| c. Maximum daily flow rate        | <u>0.092</u>         | <u>0.125</u>     | <u>0.117</u> mgd |

## A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %  
☐ Combined storm and sanitary sewer \_\_\_\_\_ %

## A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1  
ii. Discharges of untreated or partially treated effluent 0  
iii. Combined sewer overflow points 0  
iv. Constructed emergency overflows (prior to the headworks) 0  
v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

## FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_ Yes



No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_

continuous or

\_\_\_\_\_ intermittent?



## FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
OMB Number 2040-0086

## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Town of Surry 23883  
(City or town, if applicable) (Zip Code)  
Surry County Virginia  
(County) (State)  
37-08-07 North 76-50-39 West  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.06 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
           Yes       ✓       No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs:
- Average duration of each discharge:
- Average flow per discharge:                                  mgd
- Months in which discharge occurs:
- g. Is outfall equipped with a diffuser?            Yes       ✓       No

## A.10. Description of Receiving Waters.

- a. Name of receiving water Dark Swamp
- b. Name of watershed (if known) Chesapeake Bay
- United States Soil Conservation Service 14-digit watershed code (if known): unknown
- c. Name of State Management/River Basin (if known): unknown
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): unknown
- d. Critical low flow of receiving stream (if applicable):  
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO<sub>3</sub>

## FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

Town of Surry STP, VA0061646

## A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary  
☒ Advanced ☐ Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 95 %  
 Design SS removal 95 %  
 Design P removal N/A %  
 Design N removal 90 %  
 Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Chlorination

If disinfection is by chlorination, is dechlorination used for this outfall?

☒ Yes ☐ No

d. Does the treatment plant have post aeration?

☒ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: .001

| PARAMETER            | MAXIMUM DAILY VALUE |       | AVERAGE DAILY VALUE |       |                   |
|----------------------|---------------------|-------|---------------------|-------|-------------------|
|                      | Value               | Units | Value               | Units | Number of Samples |
| pH (Minimum)         | 6.32                | s.u.  |                     |       |                   |
| pH (Maximum)         | 7.91                | s.u.  |                     |       |                   |
| Flow Rate            | .229                | MGD   | .069                | MGD   | Cont.             |
| Temperature (Winter) | 10                  | C     | 15                  | C     | 3                 |
| Temperature (Summer) | 26                  | C     | 24                  | C     | 3                 |

\* For pH please report a minimum and a maximum daily value

| POLLUTANT | MAXIMUM DAILY DISCHARGE |       | AVERAGE DAILY DISCHARGE |       |                   | ANALYTICAL METHOD | ML / MDL |
|-----------|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
|           | Conc.                   | Units | Conc.                   | Units | Number of Samples |                   |          |

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

|  |        |      |      |      |      |         |     |
|--|--------|------|------|------|------|---------|-----|
| BIOCHEMICAL OXYGEN DEMAND (Report one) | BOD-5  |      |      |      |      |         |     |
|  | CBOD-5 | 7.39 | mg/L | 6.17 | mg/L | 1/Week  | 4HC |
| FECAL COLIFORM                         |        |      |      |      |      |         |     |
| TOTAL SUSPENDED SOLIDS (TSS)           |        | 5.14 | mg/L | 5.36 | mg/L | 1/Month | 4HC |

END OF PART A.

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
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## BASIC APPLICATION INFORMATION

### PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

\_\_\_\_\_ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

\_\_\_\_\_

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

\_\_\_\_\_

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

\_\_\_\_ Yes \_\_\_\_ No

## FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
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- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

\_\_\_\_\_

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

| Implementation Stage       | Schedule       | Actual Completion |
|----------------------------|----------------|-------------------|
|                            | MM / DD / YYYY | MM / DD / YYYY    |
| - Begin construction       | ___/___/___    | ___/___/___       |
| - End construction         | ___/___/___    | ___/___/___       |
| - Begin discharge          | ___/___/___    | ___/___/___       |
| - Attain operational level | ___/___/___    | ___/___/___       |

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: \_\_\_\_\_  
 \_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

| POLLUTANT                                   | MAXIMUM DAILY DISCHARGE |       | AVERAGE DAILY DISCHARGE |       |                   | ANALYTICAL METHOD | ML / MDL |
|---|-------------------------|-------|-------------------------|-------|-------------------|-------------------|----------|
|   | Conc.                   | Units | Conc.                   | Units | Number of Samples |                   |          |
| CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. |                         |       |                         |       |                   |                   |          |
| AMMONIA (as N)                              |                         |       |                         |       |                   |                   |          |
| CHLORINE (TOTAL RESIDUAL, TRC)              |                         |       |                         |       |                   |                   |          |
| DISSOLVED OXYGEN                            |                         |       |                         |       |                   |                   |          |
| TOTAL KJELDAHL NITROGEN (TKN)               |                         |       |                         |       |                   |                   |          |
| NITRATE PLUS NITRITE NITROGEN               |                         |       |                         |       |                   |                   |          |
| OIL and GREASE                              |                         |       |                         |       |                   |                   |          |
| PHOSPHORUS (Total)                          |                         |       |                         |       |                   |                   |          |
| TOTAL DISSOLVED SOLIDS (TDS)                |                         |       |                         |       |                   |                   |          |
| OTHER                                       |                         |       |                         |       |                   |                   |          |

**END OF PART B.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

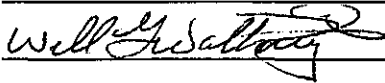
☐ Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Will Gwaltney, Mayor

Signature



Telephone number (757) 294-3021

Date signed

10-30-08

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Town of Surry STP, VA0061646

Form Approved 1/14/99  
OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

## PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

| POLLUTANT | MAXIMUM DAILY DISCHARGE |       |      |       | AVERAGE DAILY DISCHARGE |       |      |       |                   | ANALYTICAL METHOD | ML/MDL |
|-----------|-------------------------|-------|------|-------|-------------------------|-------|------|-------|-------------------|-------------------|--------|
|           | Conc.                   | Units | Mass | Units | Conc.                   | Units | Mass | Units | Number of Samples |                   |        |

METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.

|                                  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| ANTIMONY                         |  |  |  |  |  |  |  |  |  |  |  |
| ARSENIC                          |  |  |  |  |  |  |  |  |  |  |  |
| BERYLLIUM                        |  |  |  |  |  |  |  |  |  |  |  |
| CADMIUM                          |  |  |  |  |  |  |  |  |  |  |  |
| CHROMIUM                         |  |  |  |  |  |  |  |  |  |  |  |
| COPPER                           |  |  |  |  |  |  |  |  |  |  |  |
| LEAD                             |  |  |  |  |  |  |  |  |  |  |  |
| MERCURY                          |  |  |  |  |  |  |  |  |  |  |  |
| NICKEL                           |  |  |  |  |  |  |  |  |  |  |  |
| SELENIUM                         |  |  |  |  |  |  |  |  |  |  |  |
| SILVER                           |  |  |  |  |  |  |  |  |  |  |  |
| THALLIUM                         |  |  |  |  |  |  |  |  |  |  |  |
| ZINC                             |  |  |  |  |  |  |  |  |  |  |  |
| CYANIDE                          |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL PHENOLIC COMPOUNDS         |  |  |  |  |  |  |  |  |  |  |  |
| HARDNESS (AS CaCO <sub>3</sub> ) |  |  |  |  |  |  |  |  |  |  |  |

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
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## VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

## SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☐ No N/A

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?  
☐ Yes ☐ No N/A

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No N/A

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

FACILITY NAME: Town of Surry STP

VPDES PERMIT NUMBER: VA0061646

### SECTION A. GENERAL INFORMATION

*All applicants must complete this section.*

#### 1. Facility Information.

- a. Facility name: Town of Surry WWTP
- b. Contact person: Mr. Will Gwaltney  
Title: Mayor  
Phone: ( 757 ) 294-3021
- c. Mailing address:  
Street or P.O. Box: P.O. Box 314  
City or Town: Surry State: VA Zip: 23883
- d. Facility location:  
Street or Route #: 11463 Rolfe Highway  
County: Surry  
City or Town: \_\_\_\_\_ State: VA Zip: 23883
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.06 mgd
- g. Total population served: <500
- h. Indicate the type of facility:  
☒ Publicly owned treatment works (POTW)  
☐ Privately owned treatment works  
☐ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe): \_\_\_\_\_

#### 2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: \_\_\_\_\_
- b. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
☐ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?  
☐ facility ☐ applicant

#### 3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0061646
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
- | Permit Number: | Type of Permit: |
|----------------|-----------------|
| _____          | _____           |
| _____          | _____           |



FACILITY NAME: Town of Surry STPVPDES PERMIT NUMBER: VA0061646

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

*Sludge from the sewage treatment process is stored in the sludge holding tank. Solids and liquid sludge are separated in the sludge holding tank. Solids from the sludge holding tank are pumped out by an independent hauler and transported to the Sussex Service Authority Spring Branch WWTP. No pathogen reduction or vector attraction reduction take place at the Town of Surry STP.*

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No

If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: Kempton's Septic Tank Service

Mailing address:

Street or P.O. Box: 11129 Country Way

City or Town: Battery Park State: VA Zip: 23304

Phone: ( 757 ) 357-4194

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

093-008

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. N/A

| POLLUTANT  | CONCENTRATION<br>(mg/kg dry weight) | SAMPLE<br>DATE | ANALYTICAL<br>METHOD | DETECTION LEVEL<br>FOR ANALYSIS |
|------------|-------------------------------------|----------------|----------------------|---------------------------------|
| Arsenic    |                                     |                |                      |                                 |
| Cadmium    |                                     |                |                      |                                 |
| Chromium   |                                     |                |                      |                                 |
| Copper     |                                     |                |                      |                                 |
| Lead       |                                     |                |                      |                                 |
| Mercury    |                                     |                |                      |                                 |
| Molybdenum |                                     |                |                      |                                 |
| Nickel     |                                     |                |                      |                                 |
| Selenium   |                                     |                |                      |                                 |
| Zinc       |                                     |                |                      |                                 |

FACILITY NAME: Town of Surry STP

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9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)

☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

☐ Section C (Land Application of Bulk Sewage Sludge)

☐ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title : Will Gwalmey, Mayor

Signature  Date Signed 10-30-10

Telephone number ( 757 ) 294-3021

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE***Complete this section if your facility generates sewage sludge or derives a material from sewage sludge***1. Amount Generated On Site.**Total dry metric tons per 365-day period generated at your facility: 25.4 dry metric tons**2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. N/A

- a. Facility name: \_\_\_\_\_
- b. Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- c. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Facility location: \_\_\_\_\_  
(not P.O. Box) \_\_\_\_\_
- e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Treatment Provided at Your Facility.**

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
       Class A           Class B      X   Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: N/A  
\_\_\_\_\_  
\_\_\_\_\_
- c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
       Option 1 (Minimum 38 percent reduction in volatile solids)  
       Option 2 (Anaerobic process, with bench-scale demonstration)  
       Option 3 (Aerobic process, with bench-scale demonstration)  
       Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
       Option 5 (Aerobic processes plus raised temperature)  
       Option 6 (Raise pH to 12 and retain at 11.5)  
       Option 7 (75 percent solids with no unstabilized solids)  
       Option 8 (90 percent solids with unstabilized solids)  
  X   None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: N/A  
\_\_\_\_\_  
\_\_\_\_\_
- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N/A  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY NAME: Town of Surry STP

VPDES PERMIT NUMBER: VA0061646

**4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). N/A**

*(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**5. Sale or Give-Away in a Bag or Other Container for Application to the Land. N/A**

*(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

**6. Shipment Off Site for Treatment or Blending.**

*(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)*

- a. Receiving facility name: Sussex Service Authority Spring Branch WWTP
- b. Facility contact: Robert Gunnell  
Title: \_\_\_\_\_  
Phone: ( 804 ) 834-8930
- c. Mailing address:  
Street or P.O. Box: 4385 Beef Steak Road  
City or Town: Waverly State: VA Zip: 23890
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:  
\_\_\_\_\_ 25.4 \_\_\_\_\_ dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
VA0061310 \_\_\_\_\_
- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?  
\_\_\_\_\_ X \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?  
\_\_\_\_\_ Class A \_\_\_\_\_ X \_\_\_\_\_ Class B \_\_\_\_\_ Neither or unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: \_\_\_\_\_  
\_\_\_\_\_
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? \_\_\_\_\_ X \_\_\_\_\_ Yes \_\_\_\_\_ No  
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?  
\_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)

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- ☒ Option 3 (Aerobic process, with bench-scale demonstration)  
☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
☐ Option 5 (Aerobic processes plus raised temperature)  
☐ Option 6 (Raise pH to 12 and retain at 11.5)  
☐ Option 7 (75 percent solids with no unstabilized solids)  
☐ Option 8 (90 percent solids with unstabilized solids)  
☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: \_\_\_\_\_

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?

☐ Yes ☒ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: \_\_\_\_\_

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.  
j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.

- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Sludge is hauled during normal business hours.

Monday through Friday between the hours of 7 AM and 5 PM

#### 7. Land Application of Bulk Sewage Sludge. N/A

*(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)*

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

\_\_\_\_\_ dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

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**8. Surface Disposal. N/A**

*(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)*

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: \_\_\_\_\_ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
\_\_\_\_ Yes \_\_\_\_ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact is: \_\_\_\_ Site Owner \_\_\_\_ Site operator

e. Mailing address:

Street or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: \_\_\_\_\_ dry metric tons

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**9. Incineration. N/A**

*(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)*

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: \_\_\_\_\_ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  
\_\_\_\_ Yes \_\_\_\_ No

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact is: \_\_\_\_ Incinerator Owner \_\_\_\_ Incinerator Operator

e. Mailing address:

Street or P.O. Box: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: \_\_\_\_\_ dry metric tons

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing

FACILITY NAME: Town of Surry STP

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of sewage sludge at this incinerator:

Permit Number: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

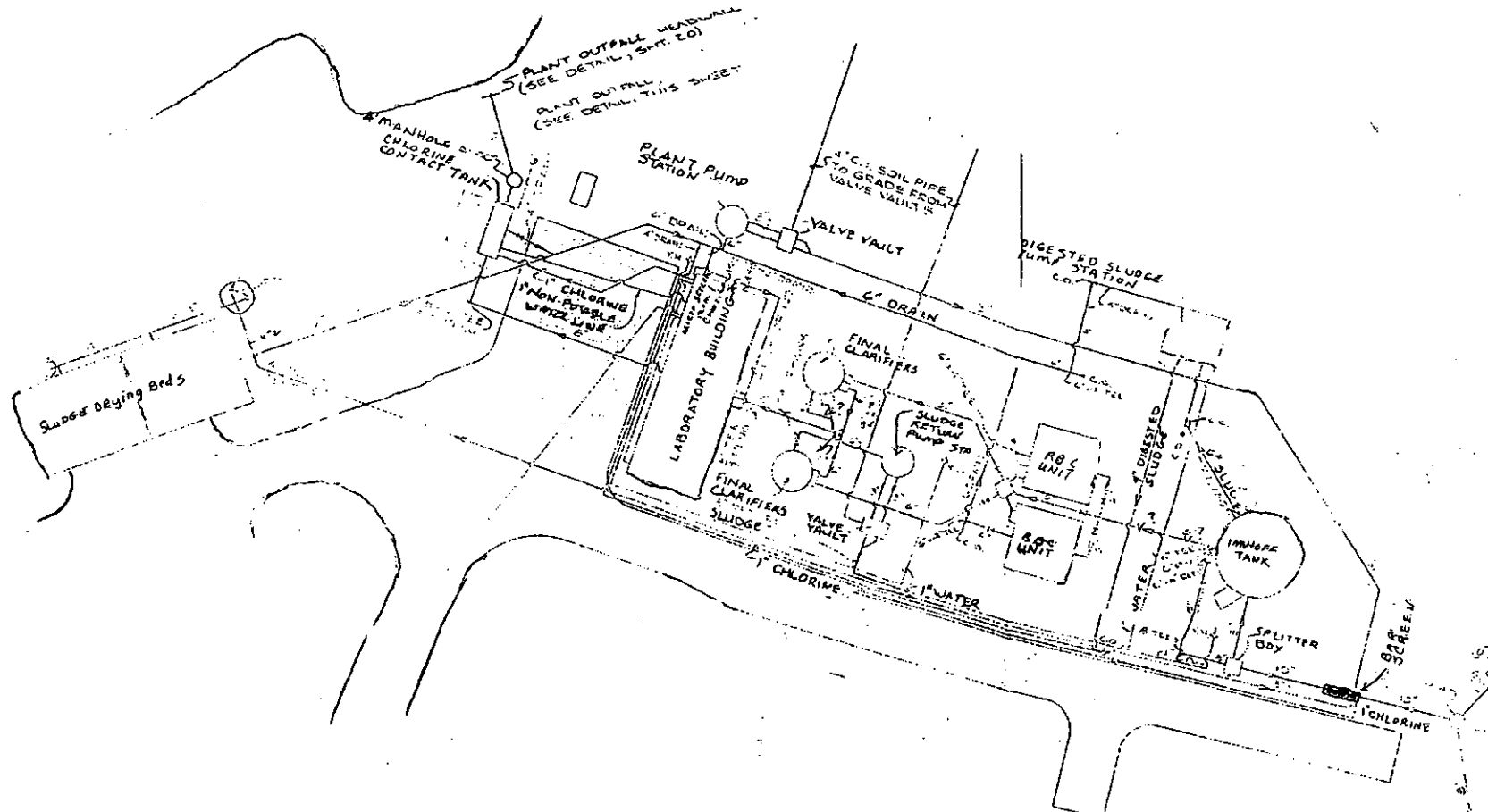
\_\_\_\_\_  
\_\_\_\_\_

**10. Disposal in a Municipal Solid Waste Landfill. N/A**

*(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)*

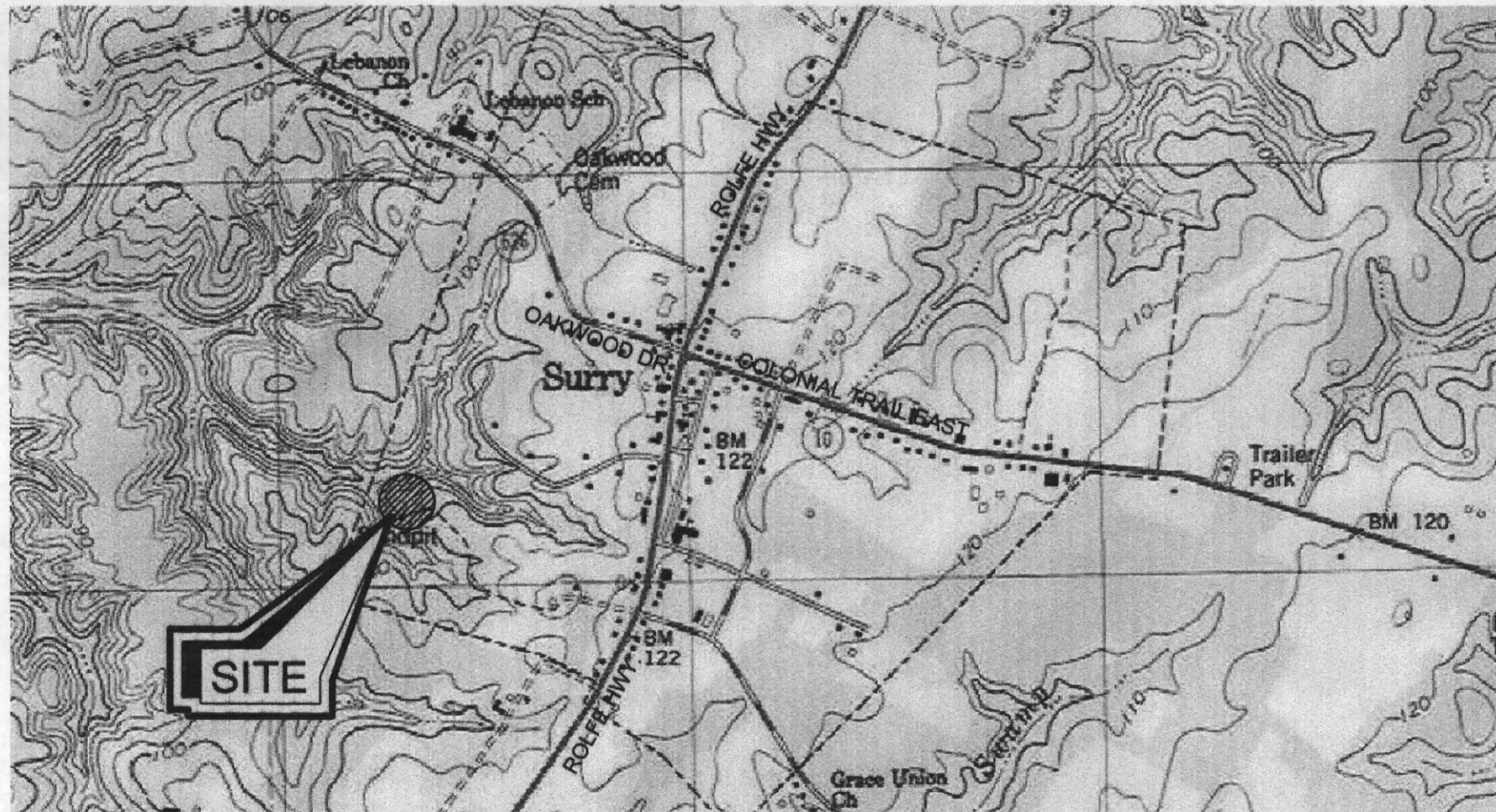
- a. Landfill name: \_\_\_\_\_
- b. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Contact is: \_\_\_\_\_ Landfill Owner \_\_\_\_\_ Landfill Operator
- c. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Landfill location.  
Street or Route #: \_\_\_\_\_  
County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:  
\_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? \_\_\_\_\_ Yes \_\_\_\_\_ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. \_\_\_\_\_  
\_\_\_\_\_

Town of Surry, Inc.  
Wastewater Treatment Plant  
11463 Rolfe Hwy  
Surry, Va. 23883





# Town of Surry STP



## Vicinity Map

SCALE: 1" = 2000'